## DESI AVUIIUNIE CUPY

PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								Application or Docket Number					
								09855533					
CLAIMS AS FILED - PART I (Column 1) (Column 2)						ımn 2)	-	SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS			8				RA	RATE FEE		1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASK	BASIC FEE 355.00		OR	BASIC FEE	710.00	
то	TAL CHARGEA	minus 20=		· A		X\$	X\$ 9=		OR	X\$18=			
IND	EPENDENT C	6 minus 3 =		3		X40=			OR	X80=	240		
MU	MULTIPLE DEPENDENT CLAIM PRESENT						+13	5=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOT	AL		OR	TOTAL	950		
CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
_4	413605	(Column 1)	(Column 2)			(Column 3)	SMALL		ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 8	Minus	••	8		X\$ :	)= -	/	OR	X\$18=	1	
AME	Independent	• 5	Minus	•••	6.	-	X40	<b>=</b>		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 5=	/	OR	+270=	. /	
. 6							ADDIT.	TAL		OR	TOTAL ADDIT, FEE	/	
(Column 1) (Column 2) (Column 3)								ree	1	•	ADUIT. FEET	7	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	•	Minus	••		=	X\$ 9	)=		OR	X\$18=		
AME	Independent	NTATION OF ML	Minus	OCNIDENT	CLAIRA		X40	_		OR	X80=		
	THOU PILOL	NIAHOR OF INC	CHIPLE DE	PENDEN	CCAIM		+135	; <u> </u>		OR	+270=		
								TAL.		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)	A0011.1		•		A0011. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID I	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X\$ 9	=		OR	X\$18=	ï	
ME	Independent	•	Minus	***	COL.	=	X40	_			X80=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DE	PENDENT	CLAIM		1			OR	X60≃		
. 11	the entry in colur	nn 1 is less than th	e entry in coli	ımn 2. write	"O" in col	luma 3.	+135			OR	+270=		
I	i the "Highest Nur I the "Highest Nur	mber Previously Pa mber Previously Pa ber Previously Paid	id For IN TH id For IN TH	IS SPACE IS IS SPACE IS	s less that s less tha	n 20, enter "20." In 3. enter "3."	ADDIT. F				TOTAL ADDIT: FEE umn 1.		